

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
91486971

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2			1		1	
3			1		1	
4		3	1		1	
5		3	1		1	
6		3	1		2	
7						
8						
9		1				
10	1		1			
11				1		
12					1	
13						1
14					1	
15					1	
16					1	
17					2	
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TOTAL IND.			2		2	
TOTAL DEP.			8		12	
TOTAL CLAIMS			10		14	

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL IND.			2		2			
TOTAL DEP.			8		12			
TOTAL CLAIMS			10		14			